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## BIB DATA SHEET

CONFIRMATION NO. 2950

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                         |                               |
|---|---|--|---------------------------------|--|-------------------------|-------------------------------|
| 10/524,967  | 02/18/2005  | 382  | 2624                            | 034299-622   |                         |                               |
| <b>RULE</b>   |   |  |                                 |  |                         |                               |
| <b>APPLICANTS</b><br>Sebastien Roux, Grenoble, FRANCE;<br>Anne Koenig, St Martin d'Uriage, FRANCE;<br>Laurent Desbat, Grenoble, FRANCE;<br>Pierre Grangeat, Saint Ismier, FRANCE; |   |  |                                 |  |                         |                               |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR04/50295 06/28/2004   |   |  |                                 |  |                         |                               |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 03/07848 06/27/2003  |   |  |                                 |  |                         |                               |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/14/2006  |   |  |                                 |  |                         |                               |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b>     | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
| 35 USC 119(a-d) conditions met  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | FRANCE                          | 6  | 10                      | 1                             |
| Verified and  | /ANDRAE S ALLISON/  |  |                                 |  |                         |                               |
| Acknowledged  | Examiner's signature  |  | Initials                        |  |                         |                               |
| <b>ADDRESS</b><br>Nixon Peabody LLP<br>P.O. Box 60610<br>Palo Alto, CA 94306<br>UNITED STATES   |   |  |                                 |  |                         |                               |
| <b>TITLE</b><br>Method for tomographic image reconstruction using an analytical process involving modeling of the movement of the object  |   |  |                                 |  |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> Other _____                         |                         |                               |
|   |   |  | <input type="checkbox"/> Credit |  |                         |                               |